Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

2018

Department of the Treasury

Int	ernal F	Revenue Service Go to www.irs	gov/Form990PF for instri	uctions and t	he latest infor	mation.	ben to Public Inspection
Fo	or ca	lendar year 2018 or tax year beginning		, 2018,	, and ending	}	, 20
Na	me of	foundation				A Employer identif	ication number
	PHO:	S FOUNDATION				81-424534	.5
Νu	mber	and street (or P O box number if mail is not delivered t	o street address)		Room/suite	B Telephone numb	er (see instructions)
	964	O GEORGETOWN PIKE				()	_
		own, state or province, country, and ZIP or foreign posta	al code		ł		
•	.,	, , , , , , , , , , , , , , , , , , ,	5000			C If exemption applica	ation is
	GRE	AT FALLS, VA 22066				pending, check here	;
_			Instal satura	of a farmar a	viblia abanti		. —
G	Che	ck all that apply Initial return	Initial return o	-	oublic chanty	D T T OF GEGINALE	
		Final return	Amended ret			2 Foreign organiza 85% test, check f	
_		Address change	Name change			computation .	
ᅢ			c)(3) exempt private for		\mathcal{A}	E If private foundation	n status was terminated
\perp		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri		tion \bigcup^{σ}	under section 507(b)(1)(A), check here . ►
ı			ounting method X Ca	ash [] Acc	crual	F If the foundation is	in a 60-month termination
			ther (specify)			under section 507(b)(1)(B), check here .
_		,	column (d) must be on ca	sh basis)		<u> </u>	
Ŀ	art l	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net inve	actment	(c) Advicted not	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	incon		(c) Adjusted net income	purposes
_		column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants etc., received (attach schedule) .	150,000.				ŀ
	2	Check If the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments.					1
	4	Dividends and interest from securities					
	5a	Gross rents	2.	•	2.	2.	
	ь	Net rental income or (loss) 2.				·····	
<u>ق</u>		Net gain or (loss) from sale of assets not on line 10					
Revenue		Gross sales price for all assets on line 6a					1
Š	7	Capital gain net income (from Part IV, line 2) .		,	0.		t
ž	8	Net short-term capital gain					
	9	Income modifications					
		Gross sales less returns	•	-	•		
	h	Less Cost of goods sold .					
		Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					į
	12	Total. Add lines 1 through 11	150,002.		2.	2.	. ,
_	13	Compensation of officers, directors, trustees, etc	0.	DI	CEI/F	n	
Se	14				COEIVE	70	
пŠ	15	Other employee salaries and wages Pension plans, employee benefits []		64			
be	16a	Legal fees (attach schedule) ATCH 1	1,270.	19 6	EC 60 2 20	190 61	
ŭ	l	Accounting fees (attach schedule) ATCH 2	7,105.				
é	b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	2DEN	TIT	
aţį	47	Other professional fees (attach schedule)		le comment			
str	11/	Interest (y)	25.	C 21sternature		_	
Ĕ	18	Taxes (attach schedule) (see instructions)[3].					
Ξ	19	Depreciation (attach schedule) and depletion.	-		 		
ğ	20	Occupand					
5	21	Travel, conferences, and meetings					
ē	22	Printing and publications					
in S	23 24 25	Other expenses (attach schedule)					
rat	24	Total operating and administrative expenses.	0 400				
be		Add lines 13 through 23	8,400.				140 000
Ō	25	Contributions, gifts, grants paid	140,000.	<u></u>			140,000
_	26	Total expenses and disbursements Add lines 24 and 25	148,400.		0.	0.	. 140,000
	27	Subtract line 26 from line 12				•	Ί,
	а	Excess of revenue over expenses and disbursements	1,602.				ļ. <u> </u>
	b	Net investment income (if negative, enter -0-)			2.		
	С	Adjusted net income (if negative, enter -0-)	·		1	2 .	.

'Part	311	Balance Sheets description column should be for end-of-year	Beginning or year	Elido	i yeai
ı aı c		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	С	Cash - non-interest-bearing	104,663.	106,265.	106,265
2		Savings and temporary cash investments			
3		Accounts receivable ▶			
		ess allowance for doubtful accounts		_	
4		Pledges receivable ▶			
	L	ess allowance for doubtful accounts >		* '	_ ^
5		Grants receivable			
6		Receivables due from officers, directors, trustees, and other		. .	
ľ		isqualified persons (attach schedule) (see instructions)			
7		Other notes and loans receivable (attach schedule)			
'					
s _		ess allowance for doubtful accounts		-	
Assets		nventories for sale or use			
SS 9		Prepaid expenses and deferred charges	1		
. •		nvestments - U S and state government obligations (attach schedule),			
		nvestments - corporate stock (attach schedule)			
11	c ir	nvestments - corporate bonds (attach schedule)			
''	а	nd equipment basis	-	- -	ē ē
-	L (8	ess accumulated depreciation attach schedule)			
12		nvestments - mortgage loans			
13		nvestments - other (attach schedule)			·
14	_	and, buildings, and quipment basis	_		
	L (a	ess accumulated depreciation			
15	Ċ	attach schedule) Other assets (describe ► ATCH 4)	21,950,000.	21,950,000.	21,950,000
` 16		otal assets (to be completed by all filers - see the	•		
	ır	nstructions Also, see page 1, item I)	22,054,663.	22,056,265.	22,056,265
17	Α	Accounts payable and accrued expenses			
18		Grants payable		, "	
	Г	Deferred revenue			
<u>≅</u> 20	1	oans from officers, directors, trustees, and other disqualified persons.			
19 20 21 22	N	Nortgages and other notes payable (attach schedule)			
رد ات		Other liabilities (describe ► ATCH 5)	10,000.	10,000.	
	_				
23	т	otal liabilities (add lines 17 through 22)	10,000.	10,000.	
\top		oundations that follow SFAS 117, check here		·	
တ္ထ		and complete lines 24 through 26, and lines 30 and 31.			
et Assets or Fund Balances					
ॿ :		Inrestricted			
E 25		emporarily restricted			
믿"		oundations that do not follow SFAS 117, check here		<u></u>	
리		and complete lines 27 through 31.			,
5		•			
\$ 27		Capital stock, trust principal, or current funds			
28 Set		Paid-in or capital surplus, or land, bldg, and equipment fund	22,044,663.	22,046,265.	
Š 29		Retained earnings, accumulated income, endowment, or other funds	22,044,663.	22,046,265.	
a 30		Total net assets or fund balances (see instructions)	22,044,003.	22,040,203.	
31 ع		otal liabilities and net assets/fund balances (see	22 054 662	22 056 265	
		nstructions)	22,054,663.	22,056,265.	,
		Analysis of Changes in Net Assets or Fund Bala			
		net assets or fund balances at beginning of year - Part		-	00 044 555
		of-year figure reported on prior year's return),			22,044,663
		amount from Part I, line 27a		2	1,602
3 O)the	r increases not included in line 2 (itemize) ▶		3	
		ines 1, 2, and 3		4	22,046,265
		eases not included in line 2 (itemize) ▶	·	5	
6 T	otal	net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30 6	22,046,265
					Form 990-PF (2018)

Capital Gains and Losses for Tax on Investment Income

Form	$\alpha \alpha \alpha$	120	10

	Dogo	2

		scribe the kind(s) of property sold (for each circk warehouse, or common stock, 200		(D) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	•					
b					Ī	<u>-</u>
С	<u> </u>					
d	,					
е				٠,		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
а					•	
b				_		
С		•			-	
d						
е						
	Complete only for assets sl	howing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	un minus
,	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		(k), but not less the Losses (from co	nan -0-) o r
а						
b						
С						
d						
е						
3	If gain, also enter in P	or (net capital loss) { If (lost) If (tructions If (loss), enter -0- in	3		
Pa			duced Tax on Net Investment I	ncome		
		the section 4942 tax on the distrib	outable amount of any year in the b Do not complete this part	ase perio	d?	Yes X No
1	Enter the appropriate ar	mount in each column for each ve	ar, see the instructions before maki	ng any er	ntries	
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	<u> </u>	(d) Distribution ra (col (b) divided by	
	2017	400,000.	295,972.			1.351479
	2016	250,000.	364,611.			0.685662
	2015					
	2014			-		
	2013					
	l					
2	Total of line 1, column 6	d)		2		2.037141
3	Average distribution rati	o for the 5-year base period - divid	le the total on line 2 by 5 0, or by			
,			if less than 5 years	3	_	1.018571
4	Enter the net value of no	oncharitable-use assets for 2018 f	from Part X, line 5	4	-	126,330.
5	Multiply line 4 by line 3.			5		128,676.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7	<u> </u>	128,676.
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	tions from Part XII, line 4	c in Part VI, line 1b, and complete	8 that part		140,000. rate See the



	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru		<u>1</u>
		moti de	00113	· ·
та	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			l l
h	Date of ruling or determination letter (attach copy of letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
•	here 🔭 X and enter 1% of Part I, line 27b			
_	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			1
C	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3				0.
4	Add lines 1 and 2			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			
_		•		İ
a	2010 SSIMILATED TAX PSYMBARE SING 2017 STORPHYMARE SINGLES CO. 1. 1.			į
b	Exempt foreign organizations tax within a decodroc.			ļ
C	Tax para with approach for extension of time to the (Commodo)			,
d 7	backap withholding enteriodasiy withhold	-	• •	0.
7	Total creates and payments 74st miles of through out 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
8 9	Enter any penalty for underpayment of estimated tax offects here			0.
-	Tax date. If the total of limes of and o is more dial lime if chief amount over a			
10 ^ 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	TTT	Yes	No
ıa	_	1a	163	X
h	participate or intervene in any political campaign?	"		
D		1 _b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	''		
				;
•	published or distributed by the foundation in connection with the activities	1c	•	X
	Did the foundation file Form 1120-POL for this year?			
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			•
e	on foundation managers \$			•
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	х .
- 2	If "Yes," attach a detailed description of the activities			1
2		1	,•-	ŧ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4.		4a		
_	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		X
b	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
5	If "Yes," attach the statement required by <i>General Instruction T</i>	<u> </u>		
_				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			į
	By language in the governing instrument, or Proceedings that effectively amonds the governing instrument so that no mandatory directions that			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the otate levy servers in the governing instrument?	6	X	1
	conflict with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-		
вa	Enter the states to which the foundation reports or with which it is registered. See instructions. VA,			ı
				į
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.	- x	i
_	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b	Δ.	1 .
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			/
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			х
	complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		х	
	names and addresses	10	46	

Par	t VII-A	Statements Regarding Activities (continued)			
			数据	Yes	No
11	At any	time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning	of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the	foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person h	ad advisory privileges? If "Yes," attach statement See instructions	12		X
13		foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
-	Website	address ▶ N/A			
14	The boo	ks are in care of GLENN & SUZANNE YOUNGKIN Telephone no 2028621	380		
		at ▶9640 GEORGETOWN PIKE GREAT FALLS, VA ZIP+4 ▶ 22066			
15	Section	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	· 🔲
	and ente	er the amount of tax-exempt interest received or accrued during the year			
16	At any	time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
		ank, securities, or other financial account in a foreign country?	16	000000000000000000000000000000000000000	X
		e instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	The second second	gn country > .	V. 1	02.5° 748	- THE
,Pai		Statements Regarding Activities for Which Form 4720 May Be Required	10000	Voc	No
		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.	9546 <u>0</u>	Yes	No
1a		he year, did the foundation (either directly or indirectly)		100	2 3
		age in the sale or exchange, or leasing of property with a disqualified person? Yes X No		\$ 500°	
_ ,	• •	ow money from, lend money to, or otherwise extend credit to (or accept it from) a ualified person?	e* **		
		ualified person?			
	. ,	compensation to, or pay or reimburse the expenses of, a disqualified person?	4.5		
	. , ,	isfer any income or assets to a disqualified person (or make any of either available for			2.3
	• •	benefit or use of a disqualified person)?			1, Kg3
		ee to pay money or property to a government official? (Exception. Check "No" if the		1	
		ndation agreed to make a grant to or to employ the official for a period after			300
	.	nination of government service, if terminating within 90 days)		á.	2,25
b	4	answer is "Yes" to 1a(1)-(6) and did any of the acts fail to qualify under the exceptions described in Regulations			£ 1
	•	53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
,	Organiz	ations relying on a current notice regarding disaster assistance, check here▶ 🔲			
С	Did the	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were no	t corrected before the first day of the tax year beginning in 2018?	1c		X
2	Taxes of	on failure to distribute income (section 4942) (does not apply for years the foundation was a private			\$2
	operatin	g foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the	end of tax year 2018, did the foundation have any undistributed income (lines 6d and			(1) A
	6e, Part	XIII) for tax year(s) beginning before 2018?			
		list the years ,,,,	2.5		X 3.3
b		ere any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	25		
	-	listed, answer "No" and attach statement - see instructions)	2b	- 100 E. S. S.	3186/201
С	_	provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	Did 45-	foundation hald make the a 20% direct or indicate interest in any horizon anterest.	-975		
3a		foundation hold more than a 2% direct or indirect interest in any business enterprise me during the year?	, S		₩.
1.	-	me during the year?			
0		-	0		
	-	fied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the isioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
		-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	114		
		ion had excess business holdings in 2018)	3b	1	2000
42		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		2.7.2	
		ple purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х
			~~		

Page 6

Par	tVII-B Statements Regarding Activities	for Which Form	<u>4720 May Be Req</u>	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (sectio	n 4945(e))?	Yes X No	,		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
	directly or indirectly, any voter registration drive?			Yes X No	,		1
	(3) Provide a grant to an individual for travel, study, or o	other similar purposes?	,	Yes X No	,		
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described in	n	1 1		Ì
	section 4945(d)(4)(A)? See instructions	· · · · · · · · · · · · · · · · · · ·		Yes X No	,		
	(5) Provide for any purpose other than religious, cl			al <u> </u>			
	purposes, or for the prevention of cruelty to children	or animals?		Yes X No	,		ŀ
b	If any answer is "Yes" to 5a(1)-(5), did any of the				ո		
	Regulations section 53 4945 or in a current notice regain						
	Organizations relying on a current notice regarding disa	ster assistance, check	here				
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the ta	ax	_		1
	because it maintained expenditure responsibility for the		•	n. v.	o ,		1
	If "Yes," attach the statement required by Regulations s	_		<u> </u>			
6a	Did the foundation, during the year, receive any ful		ectly, to pay premiun	ns			
	on a personal benefit contract?	· · · · · · · · · · · · · · · · · · ·		Yes X N	5		j
b	Did the foundation, during the year, pay premiums, dire				. 6b		
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	Yes X N	o		}
b	If "Yes," did the foundation receive any proceeds or ha				. 7b		
8	Is the foundation subject to the section 4960 tax on pa	yment(s) of more tha	n \$1,000,000 in				
	remuneration or excess parachute payment(s) during the			. Yes X N			
Pa	Information About Officers, Directo	rs, Trustees, Fou	ındation Managers	s, Highly Paid Em	ployees,		
1	and Contractors List all officers, directors, trustees, and foundat	ion managers and	their compensation	. See instructions.			
	-	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) [e accoi	ınt
	(a) Name and address	hours ner week	(If not paid		(e) Expens		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all		
		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATC	(a) Name and address	hours per week	(If not paid,	employee benefit plans			
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation			es
	H 6	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation - 0 .	other all	owance	0.
ATC		hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation - 0 .	other all	owance	0.
	H 6 7. Compensation of five highest-paid employees	devoted to position	(If not paid, enter -0-)	e 1 - see instruct	ions). If no	one,	0.
2	H 6 7. Compensation of five highest-paid employees	(other than those hours per week devoted to position	(If not paid, enter -0-)	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	other all	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
2	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter
(a	Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position) (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If no	one,	0. enter

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	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	, , ,
3 Five h	ighest-paid independent contractors for professional services. See instructions. If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
	r of others receiving over \$50,000 for professional services	
art IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
	and other beneficianes served, conferences convened, research papers produced, etc	
1 <u>N/A</u>		•
_		
2		
3		
	·	
<u> </u>		
	PAGE AND THE PAGE	
art IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	· · · · · · · · · · · · · · · · · · ·	
		·
2		
All other pro	gram-related investments. See instructions	•
3NONE		

Page 8

Form 990-PF (2018)
Part X: Minir

Par	see instructions)	ign fo	undations, .
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1b	128,254.
	Fair market value of all other assets (see instructions).	1c	
d	·	1d	128,254.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	128,254.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
•	instructions)	4	1,924.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	126,330.
6	Minimum-investment return. Enter 5% of line 5	6	6,317.
_	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)		ns
1	Minimum investment return from Part X, line 6	1	6,317.
	Tax on investment income for 2018 from Part VI, line 5 2a		
b		1	
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,317.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	6,317.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	H	
•	line 1	7	6,317.
		<u> </u>	
Pai	Cualifying Distributions (see instructions)		- *************************************
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	140,000.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		•
	purposes,	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	140,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		140,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		ing whether the foundation

Form **990-PF** (2018)

qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2018)

Pa	rt XIII Undistributed Income (see Instr	uctions)			
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
•	line 7				6,317.
•	Undistributed income, if any, as of the end of 2018		- +		
	Enter amount for 2017 only			•	
h	Total for prior years 20 16 ,20 15 ,20 14				
	Excess distributions carryover, if any, to 2018				,
	From 2013				
	From 2014				
	From 2015				
	From 2016 231,769.				
	From 2017				
	Total of lines 3a through e	616,970.			
	Qualifying distributions for 2018 from Part XII, line 4 > \$ 140,000.				
а	Applied to 2017, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)			<u> </u>	
d	Applied to 2018 distributable amount	122 622		· · · · · · · · · · · · · · · · · · ·	6,317.
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2018	133,683.		•	
,	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	750,653.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
•	amount - see instructions				
٠	4a from line 2a Taxable amount - see instructions				, <u>.</u>
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2019				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)			···	. <u>.</u>
9	Excess distributions carryover to 2019.	750,653.			
•	Subtract lines 7 and 8 from line 6a			-	
	Analysis of line 9 Excess from 2014				
	Excess from 2014				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
-			<u> </u>		

Pai	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, quest	ion 9)	NOT APPLICABLE
1 a	If the foundation has foundation, and the ruling			·	- I	
ь	Check box to indicate v					1)(3) or 4942(J)(5)
	Enter the lesser of the ad-	Tax year	- Production G	Prior 3 years	<u> </u>	
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made				,	
	directly for active conduct of exempt activities. Subtract line					
3	2d from line 2c					
,	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i)					
_	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,		. ~ ,			
•	payments on securities Ioans (section 512(a)(5)),	1	,			
	or royalties)					
	(2) Support from general public and 5 or more			ı		
	exempt organizations as proyeded in section 4942 (i)(3)(B)(iii)					
	(3) Largest amount of support from an exempt					
/	organization			-		
<u>/</u>	(4) Gross investment income.		Commisso ship more	ambi if the found	ation had \$5 000 a	or more in assets at
	any time d	uring the year - see	instructions.)	only if the round	ation had \$5,000 t	——————————————————————————————————————
	Information Regardin			e than 2% of the tot	al contributions recei	ved by the foundation
_	before the close of any					
	ATTACHME					
b						ly large portion of the
	ownership of a partner	rsnip or other entity) of	which the foundation	nas a 10% or greate	rinterest	
	N / 3					
2	N/A Information Regardin	a Contribution Grant	Gift Loan Scholarsh	in etc Programs:		
_	— —	-		· -		
	unsolicited requests f complete items 2a, b,	or funds If the found	ation makes gifts, gra	ints, etc., to individua	als or organizations u	and does not accept nder other conditions,
	The name, address, a			e person to whom an	nlications should be ad	dressed
u	The name, address, a	ma telephone namber	or email address or th	e person to whom ap	prioditorio sriodia de da	arcooda
b	The form in which app	lications should be su	omitted and information	n and materials they	should include	
С	Any submission deadle	ines				
d	Any restrictions or lifactors	imitations on awards	, such as by geogra	aphical areas, charit	able fields, kinds of	institutions, or other

Page 11

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation etatus of	Purpose of grant or contribution	- Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
ATCH 8				
			,	
•				
		1		
				,
J.	}			
,				
				1
				,
,				
	,			
T -1-1	<u> </u>		— 2-	140,000.
Total	 	<u></u>	<u>Ja</u>	110,000
b Approved for future payment				
	`			
Total				

JSA 8E1491 1 000

t XVI-A Analysis of Income-Proc r gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
gross amounts unless outerwise indicated	- (a)	(b)		(d)	Related or exempt
rogram service revenue	Business code		(c) Exclusion code	Amount	function income (See instructions)
	-				
				-	
	·				
Fees and contracts from government agencies					
embership dues and assessments				~ :	,A- 1
erest on sawings and temporary cash investments.					
vidends and interest from securities				•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
et rental income or (loss) from real estate	** , *	ŭ.		***	*
Debt-financed property	1				
Not debt-financed property	<u> </u>		16	2.	
et rental income or (loss) from personal property					
ther investment income					
et income or (loss) from special events \cdots	1				
ross profit or (loss) from sales of inventory	1			م مدرم	
her revenue a					
		~			
·					
otal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calo	culations)				
by the second se	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	· · · · · · · · · · · · · · · · · · ·
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc tXVIB Relationship of Activitie No. Explain below how each activity	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
by the second se	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
btotal Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommandate to the columns of the columns (b), (d), and (e) Worksheet in line 13 instructions to verify calcommandate to the columns (b), (d), and (e) Relationship of Activities (c)	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
pubtotal Add columns (b), (d), and (e)	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
pubtotal Add columns (b), (d), and (e)	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
btotal Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommandate to the columns of the columns (b), (d), and (e) Worksheet in line 13 instructions to verify calcommandate to the columns (b), (d), and (e) Relationship of Activities (c)	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
pibtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc XVI-B Relationship of Activitie No. Explain below how each activities	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
obtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) overksheet in line 13 instructions to verify calcompanies. XVI-B Relationship of Activities No. Explain below how each activities	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
obtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) overksheet in line 13 instructions to verify calcompanies. XVI-B Relationship of Activities No. Explain below how each activities	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
obtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) overksheet in line 13 instructions to verify calcompanies. XVI-B Relationship of Activities No. Explain below how each activities	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
obtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc XVI-B Relationship of Activitie No. Explain below how each activities	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
pubtotal Add columns (b), (d), and (e)	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
btotal Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommandate to the columns of the columns (b), (d), and (e) Worksheet in line 13 instructions to verify calcommandate to the columns (b), (d), and (e) Relationship of Activities (c)	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	· · · · · · · · · · · · · · · · · · ·
btal. Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommandate to the columns of the	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	· · · · · · · · · · · · · · · · · · ·
btal. Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommand the second section of the se	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	· · · · · · · · · · · · · · · · · · ·
btotal Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommandate to the columns of the columns (b), (d), and (e) Worksheet in line 13 instructions to verify calcommandate to the columns (b), (d), and (e) Relationship of Activities (c)	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	· · · · · · · · · · · · · · · · · · ·
btotal Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommandate to the columns of the columns (b), (d), and (e) Worksheet in line 13 instructions to verify calcommandate to the columns (b), (d), and (e) Relationship of Activities (c)	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	· · · · · · · · · · · · · · · · · · ·
btal. Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommandate to the columns of the	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
btal. Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommand the second section of the se	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
btal. Add columns (b), (d), and (e) btal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcommandate to the columns of the	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calc t XVI-B Relationship of Activitie e No. Explain below how each activity	culations) es to the A	ccomplishment of	Exempt Purp	ooses of Part XVI-A contrib	

Part XVII	Information F	Regarding 7	Transfers to and	Transactions and	Relationships Wit	h Noncharitable
	Exempt Orga	nizations				

1	Did the	e organization directl	ly or indirectly	engage in any	of the following	g with a	any other org	anization (described		Yes	No
		tion 501(c) (other										
	organiz	zations?										
· a	Transfe	ers from the reporting	g foundation to	a noncharitat	ole exempt organ	ization o	of			1		
		sh	-							1a(1)		Х
		ner assets										X
b		transactions										
-		les of assets to a nor	ncharitable exe	mpt organizatio	on			,		16(1)		Х
		rchases of assets fro										Х
		ntal of facilities, equi										X
		ımbursement arrange										X
		-										X
,		ans or loan guarantee										<u>x</u>
		rformance of service								-		X
		g of facilities, equipm	_									
d		answer to any of the										
		of the goods, other a										
		n any transaction or	_									
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exer	npt organization	 	escription of tran	sfers, transac	tions, and sha	ng arra	ingeme	nts
		N/A				N/A	·					
											. <u>-</u>	
			-20		•							
					-	٠	- chap	•				
												
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			L	<u> </u>		<u> </u>						
2a		foundation directly of	-					_		-	Γv	٦
		bed in section 501(c)	1	ction 501(c)(3)) or in section 5	277			[Ye	es X	_ No
b	If "Yes	," complete the follow					T					
		(a) Name of organization	n 	(b) T ₃	pe of organization			(c) Descript	ion of relations	hib		
							ļ					
							ļ					
							ļ					
			<u> </u>									
	Under	r penalties of perjury, I decla cil and complete Declaration of	ire that I have exam Chrenarer (other than	ined this return, inc	luding accompanying so all information of which	chedules ar oreoarer be	nd statements, and	to the best of	of my knowledg	je and b	elief, it	ıs true,
Sigi		h. [[][7]		Mr. 2019				May the IRS	discus	e thic	return
_		Bull .	yeng.		1717.00 /0/	<u> </u>	usiden	_/	with the pre			
Her	e Z	nature of officer or trustee		Date	_	Title			See instruction	s X	Yes	No
		1/ /] //) —							
		Print/Type preparer's na	me U	Prepare	39		Date	Chi	eck X If F	PTIN		
Paid	t t	STEVEN E ROSE		X	3 /// —		11/12/			P004	3532	24
Pre	parer		SEMCKENNA,	PLIC	ンじ			Firm's EIN				
	Only		9 EIGHTEEN		W, STE 625			5 = 114				
	,		SHINGTON,	DC	, ===	2	0006	Phone no	202-8	62-1	880	
								I ELIONE NO		m 990		(2019)
									ru	550		(2010)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Employer identification number

PHOS FOUNDATION	•	81-4245345
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	lion
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7) Instructions General Rule	, (8), or (10) organization can chećk boxes for both the General Rule and a S	Special Rule See
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributed property) from any one contributor. Complete Parts I and II. See instruction intributions.	
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line s of the greater of (1)
contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rene year, total contributions of more than \$1,000 exclusively for religious, chall purposes, or for the prevention of cruelty to children or animals. Complemstead of the contributor name and address), II, and III	arıtable, scientific,
contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respect to the year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions in exclusively religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received nonexclusively religious, charitable ore during the year	at no such s that were received coarts unless the s, etc, contributions
Caution: An organization that i	sn't covered by the General Rule and/or the Special Rules doesn't file Sche	edule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 81-4245345

Part I	Contributors (see instructions) Use duplicate copi	es of Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GLENN A & SUZANNE S YOUNGKIN 9640 GEORGETOWN PIKE GREAT FALLS, VA 22066	\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization PHOS FOUNDATION

Employer identification number 81-4245345

(d) Date received (d) Date received
(d) Date received
(d) Date received
(d) Date received
(d) Date receivèd

Name of organization PHOS FOUNDATION

Employer identification number 81-4245345

Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organiza	the year from any one co	ontributor. Co	omplete columns (a) through (e) and
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additional copies of Part III ii additional copies of Pa	ne year. (Enter this informat		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				,
	Transferee's name, address, a	(e) Transfer of gift		ship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>	<u>.</u>
	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift	t	
	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift	•	
	Transferee's name, address, a			ship of transferor to transferee
	1	1		

ATTACHMENT

FORM 990PF, PART I - LEGAL FEES

CHARITABLE		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	1,270.	,
,	TOTALS	
DESCRIPTION	LEGAL FEES	

- ACCOUNTING FEES FORM 990PF, PART I

EXPENSES PER BOOKS REVENUE AND

INVESTMENT

CHARITABLE PURPOSES

TAX PREP FEES

DESCRIPTION

7,105.

INCOME

ADJUSTED NET

INCOME

TOTALS

7,105.

ATTACHMENT 2 PAGE 24

2018 FORM 990-PF PHOS FOUNDATION

81-4245345

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION STATE TAXES

25.

TOTALS

25.

ATTACHMENT

ASSETS
OTHER
1
II
PART
990PF,
FORM

ENDING BOOK VALUE	11,700,000
	100% INT. IN DELTA FARM LLC 100% INT. IN TRINITY GROUP LLC
DESCRIPTION	100% INT. IN 100% INT. IN

ENDING FMV	11,700,000.	21,950,000.
ENDING BOOK VALUE	11,700,000. 10,250,000.	21,950,000.

TOTALS

81-4245345

ATTACHMENT 5

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

SECURITY DEPOSIT

10,000.

TOTALS

10,000.

ATTACHMENT 6

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

	EXPENSE ACCT AND OTHER ALLOWANCES	- ,		0.
	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS			0.
-	COMPENSATION	•		0.
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR, PRESIDENT & TREASURER 1.00	DIRECTOR AND SECRETARY	GRAND TOTALS
	NAME AND ADDRESS	SUZANNE S YOUNGKIN 9640 GEORGETOWN PIKE GREAT FALLS, VA 22066	GLENN A YOUNGKIN 9640 GEORGETOWN PIKE GREAT FALLS, VA 22066	

ATTACHMENT 7

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

GLENN A YOUNGKIN SUZANNE S YOUNGKIN

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PHOS FOUNDATION

2018 FORM 990-PF

81-4245345

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION GENERAL USE GENERAL USE RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE PC 1201 CONNECTICUT AVENUE NW #300 CULTURE OF FREEDOM INITIATIVE RECIPIENT NAME AND ADDRESS WASHINGTON, DC 20036 WASHINGTON, DC 20036 THE HOPEWELL FUND 1875 K STREET NW

TOTAL CONTRIBUTIONS PAID

140,000

75,000.

65,000

AMOUNT

ATTACHMENT 8

ATTACHMENT 8
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